

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/536,589		Filing Date 26 May, 2005		<input type="checkbox"/> To be Mailed					
				Applicant(s) TANAKA ET AL.						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 09/15/2009		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1		X					51						
2			X				52						
3			X				53						
4			X				54						
5			X				55						
6			X				56						
7			X				57						
8			X				58						
9			X				59						
10			X				60						
11			X				61						
12			X				62						
13			X				63						
14			X				64						
15		1					65						
16			X				66						
17			(1)				67						
18			X				68						
19			1				69						
20			2				70						
21			1				71						
22			1				72						
23			X				73						
24			X				74						
25			(1)				75						
26			(1)				76						
27			(1)				77						
28							78						
29							79						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep		1					Total Indep						
Total Depend			9				Total Depend						
Total Claims			10				Total Claims						

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Part of Paper No20090923-1.